



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2024

Massachusetts Strategic Health Group

Employee Rates:

<u>Plan</u>		25%	30%
HMO <i>(24 pay periods)</i>	Individual	\$123.36	\$148.03
	Individual + 1	\$249.06	\$298.87
	Family	\$360.82	\$432.98
HMO <i>(21 pay periods)</i>	Individual	\$140.98	\$169.18
	Individual + 1	\$284.64	\$341.57
	Family	\$412.37	\$494.84
HMO <i>(19 pay periods)</i>	Individual	\$155.82	\$186.98
	Individual + 1	\$314.60	\$377.52
	Family	\$455.77	\$546.93
PPO <i>(24 pay periods)</i>	Individual	40% \$400.34	
	Individual + 1	\$808.28	
	Family	\$1,170.99	
PPO <i>(21 pay periods)</i>	Individual	\$457.53	
	Individual + 1	\$923.75	
	Family	\$1,338.27	
PPO <i>(19 pay periods)</i>	Individual	\$505.69	
	Individual + 1	\$1,020.99	
	Family	\$1,479.14	



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DELTA DENTAL PLUS PREMIER PLAN

Employee Rates:

Plan

Delta Dental <i>(24 pay periods)</i>	Individual	\$24.35
	Family	\$70.53
Delta Dental <i>(21 pay periods)</i>	Individual	\$27.82
	Family	\$80.60
Delta Dental <i>(19 pay periods)</i>	Individual	\$30.75
	Family	\$89.08